

OKLAHOMA COMMISSION ON CHILDREN AND YOUTH



TO CHILDREN AND YOUTH

FY 2013 REPORT





FY 2013 - 2016 OKLAHOMA STATE PLAN FOR SERVICES TO CHILDREN AND YOUTH REPORT

Community Partnership Boards (CPBs) across the state annually participate in the Statewide Systemic Issues Survey process. This survey process is used to assist the Oklahoma Commission on Children and Youth (OCCY) identify priority systemic issues within the child and youth services systems (§10-601.9). Directed by the input from the CPBs, the Office of Planning and Coordination (P&C) conducts feedback interviews with agencies affected by the systemic issues identified in the surveys. Through the interview process, stakeholders, service providers, and leaders are asked to assist with developing strategies to address the identified systemic issues. Based on the survey data and the feedback interviews, a recommendation of goals and objectives is made to the Office of Planning and Coordination Steering Committee and the OCCY Board.

In the 2012 Statewide Systemic Issues Survey, Community Partnership Boards (CPBs) across the state were asked to identify priority systemic issues within child and youth serving systems in their respective communities (See Appendix B). The CPBs were asked the following in the survey: if systemic issues identified in

previous years were still priority issues; and to identify any other systemic issues or social problems. The results of the survey indicated communities wanted the following systemic issues addressed:

- 1. deficiencies in custody services to youth which support successful reintegration, transition, and reduction of recidivism;
- 2. barriers to healthcare services that impede access and utilization of primary and preventative care services, including behavioral and mental health services; and,
- 3. parenting.

Because increasing access to healthcare services was a goal in the FY2009 -FY2012 Oklahoma State Plan for Services to Children and Youth, the Office of Planning and Coordination Steering Committee explored the possibility of establishing a statewide Access to Health Care Task Force with officials from the Oklahoma State Department of Health, Oklahoma Health Care Authority and Oklahoma Department of Mental Health and Substance Abuse Services. was that responsibilities consensus envisioned for the Task Force could be

carried out through the existing Oklahoma Health Improvement Plan (OHIP) workgroup. Upon any future request by OHIP workgroup membership or the Oklahoma State Department of Health, the Office of Planning and Coordination is willing to explore the possibility of providing staff support to the OHIP as a means of enhancing and achieving health access goals. Because the OHIP is providing a structure for state planning around an access to healthcare goal, the OCCY Board agreed that including the goal in the Oklahoma State Plan for Services to Children and Youth would be duplicative. While the OHIP is developing a plan to carry out state level planning around access to healthcare, the OCCY's mission to assist Community Partnership Boards (CPBs) in addressing systemic issues must still be carried out. If CPBs request assistance in increasing access to healthcare services, the Office of Planning and Coordination, through the Oklahoma Center for Community Based Initiatives, can respond by providing prioritized, intensive technical assistance.

GOAL 1 STRENGTHEN CUSTODY AND TRANSITION SERVICES

I. THE STRENGTHENING CUSTODY AND TRANSITION SERVICES ADVISORY TEAM WILL:

1. Strengthen statewide infrastructure for custody and transition services through:

a. Integrating the Oklahoma Healthy Transitions Initiative with the Strengthening Custody and Transition Services Advisory Team.

The Office of Planning and Coordination of the Oklahoma Commission on Children and Youth provided organizational development services to both the Strengthening Custody and Transition Services Advisory Team and the Oklahoma Healthy Transitions Initiative in order to develop a single state structure which would be both comprehensive and effective in

addressing custody and transition issues in the state. On August 15, 2012, Strengthening Custody the Transition Services Advisory Team approved a motion to merge the Oklahoma Healthy **Transitions Initiatives** under Advisory Team structure. The combined effort allows for joint planning and facilitation of nine major transition and custody pilot sites in the state. Oklahoma Department of Mental Health and Substance Abuse provided Services has between \$420,000 and \$480,000 annually for the Tulsa and Norman Healthy Transitions Initiatives pilot projects. In addition, the Oklahoma Commission on Children and Youth. Oklahoma Department of Rehabilitation Services, and Office of Iuvenile Affairs have jointly provided an estimated \$189,583.04 annually for six of the pilot projects.

b. Partnering with the Child Death Review Board (CDRB) in increasing drivers education and substance abuse education services for custody youth.

The Office of Planning and Coordination provided staff support, in partnership with Southwestern Oklahoma State University, to conduct self-studies of the Central Oklahoma Juvenile Center, the Southwest Oklahoma Iuvenile Center, Cedar Canyon Adventure Program, Lions Boys Ranch, and the Butler Iuvenile Center. The results of the studies indicated a need for increasing driver's education and substance abuse services in the facilities. In addition, the CDRB has recommended that driver's education substance and abuse education services be provided to youth in custody. The Office of Planning and Coordination has agreed to provide staff support to assist the self-study pilot facilities in securing resources to provide these services. This objective is still in the planning phase and outcomes will be reported in the Oklahoma State Plan for Services to Children and Youth Final Outcome Report for FY 2013- FY 2016.

- 2. Provide advisement to the self-study teams in continuing the implementation completion, and evaluation of the Central Oklahoma Juvenile Center (COJC); Oklahoma Lions Boys Ranch; and the Norman and Tulsa Healthy Transition pilot projects, including:
 - a. Continuing to assist the facilities to complete implementation of their respective self- study recommendations.

In order to assist facilities with the implementation of recommendations aimed at strengthening their services, the Office of Planning and Coordination and the Oklahoma Department of Mental Health and Substance Abuse Services have provided staff support services to the pilot facilities and communities. In addition providing direct staff support to the facilities, the Office of Planning and Coordination has also provided contract funding in the amount of \$45,000 annually. The contract is with Southwestern Oklahoma State University and is for Dr. Randy Barnett's professional services to lead the facilities' self-studies and self-study teams, provide research based recommendations for facility improvement and program evaluation consultation for the pilot sites.

In FY 2013. several recommendations were implemented at COIC. Three major achievements included: developing a partnership with both the state Career Tech and the local technology center, Gordon Cooper, vocational education create courses, which will be offered both at COIC and on the Gordon Cooper campus, and student shadowing opportunities for COJC residents; 2) developing a partnership Oklahoma Department of Rehabilitation Services and Gordon Cooper to create a work study program at COIC, which allows residents to receive paid work experience and training while at the facility; and, 3) assisting COJC with developing a comprehensive portfolio for COJC residents, which will include items such as forms of identification, educational achievement documentation, and any training or vocational certificates.

For FY 2014, a major emphasis will be placed on implementing a recommendation to expand the three innovative COJC programs at other juvenile facilities, such as Cedar Canyon, Butler Juvenile Center, and Southwest Oklahoma Juvenile Center (SWOJC).

b. Evaluating success of facilities selfstudy recommendation implementation by January 1, 2014.

Dr. Randy Barnett is assisting the pilot sites in identifying evaluation strategy to assess program effectiveness and vouth This evaluation outcomes. consultation is a part of the pilot site services, contracted by the Office of Planning and Coordination with Southwestern Oklahoma State University (SWOSU). The evaluation on-going process is evaluation report of the self-study efforts at COIC and Lions Boys Ranch will be reported in the 2013 Annual Report.

Evaluating progress of youth in achieving criteria objectives identified in the "Strengthening Custody and Transition Services: Pilot Project Study", developed by SWOSU for successful placement completion by January 1, 2015.

As a part of Dr. Barnett's evaluation services, he is consulting with COJC

and Lions Boys Ranch to develop an the pilot sites evaluation of implementation of 'criteria objectives,' identified in his study of necessarv criteria for vouth transitioning out of custody. This evaluation of criteria achieved at the pilots for successful transition will be a part of the Oklahoma State Plan for Services to Children and Youth Final Outcome Report for FY 2013-FY 2016.

c. Reviewing recommendations from SWOSU evaluating longitudinal youth outcomes at COJC and Lions Boys Ranch.

During the FY 2013-FY 2016 time period, Dr. Barnett will develop recommendations on how the various youth custody facilities can evaluate youth outcomes after receiving services at the facilities. It is a goal of the Strengthening Custody and Transition Services Advisory Team to study effective interventions with juveniles in custody by conducting research on the youth after exiting custody.

d. Assisting facilities with gathering preliminary, longitudinal data for the evaluation of youth outcomes.

After the Strengthening Custody and Transition Services Advisory Team has reviewed and approved Dr. Barnett's proposal for a longitudinal study, the Office of Planning and Coordination, in partnership with Dr. Randy Barnett, will assist pilot facilities with gathering data for a longitudinal study.

e. Reviewing program evaluations from the Norman and Tulsa Healthy Transitions Initiatives.

As a part of the merger with the Oklahoma Healthy Transitions Initiative, the Strengthening Custody and Transition Services Advisory Team agreed to review evaluations of the Norman and Tulsa Healthy Transition Initiatives for purposes of developing a longitudinal study of effective interventions with juvenile offenders.

3. Review all facility requests for participation in pilot projects by:

- a. Assessing readiness of Southwest Oklahoma Juvenile Center (SWOJC) based on the Office of Juvenile Affairs (OJA) request for participation in facility-based selfstudy pilot projects; and,
- b. Reviewing other facility requests for participation in Self Study Pilot Projects.

SWOIC, Butler Juvenile Center, and Cedar Canyon Adventure Program all requested self-study services and pilot participation through the Strengthening Custody Transition Services Advisory Team. After the Office of Planning and Coordination staff assessed readiness of the facilities participate in the pilot project, a recommendation was made to the Advisory Team to accept all three facilities for self-studies and be designated as pilot sites. The three facilities were formally approved to be accepted as pilot sites in FY 2013. Interviews for the studies have been

completed by Office of Planning and Coordination staff, Dr. Gary Theilen, and Dr. Randy Barnett. Dr. Barnett is compiling a summary of the self-study findings and tentative recommendations, which will be reviewed for approval by the management teams at the three facilities.

Because SWOJC, Butler Juvenile Cedar Center. and Canvon Adventure Program were approved to be designated as pilot sites and through receive services the Strengthening Custody Transition Services Advisory Team, the Office of Juvenile Affairs and Oklahoma Department Rehabilitation Services collaborated outstation full-time to a Rehabilitation Counselor IV SWOIC, which will serve all three facilities. The services of the Rehabilitation Counselor critical component of implementing facility the self-study recommendations aimed strengthening transition services for custody youth, especially in the areas of career guidance and development.

4. Establish a Systemic Issues Task Force under the Strengthening Custody and Transition Services Team that would:

 a. Review system issue findings of five pilot sites (COJC, Lions Boys Ranch, Jackson County, Healthy Transition Initiatives Tulsa, and Healthy Transition Initiatives Norman);

- b. Identify statewide systemic issues that need to be addressed through the task force, including:
 - i. A review of the youth discharge determination system and the impact of discharge determination on recidivism data collection,
 - Other issues identified in the pilot projects, key informant surveys, and by input from the Systemic Issue Task Force membership; and,
- c. Develop on-going recommendations to address systemic issues in custody care and transition services.

A major new initiative of the new combined structure of the Custody Strengthening and Transition Services Pilot Advisory Team and the Oklahoma Healthy Transitions Initiative is to gather input from state leaders, providers of children and youth services, as well as evaluations of the pilot projects, to identify and address broad statewide systemic issues transition and custody within services to youth. In order to achieve this goal, the Advisory Team has taken steps to create a Systemic Issues Task Force under the auspices of the Advisory Team, including: 1) appointment of a chair, 2) securing staff support from Oklahoma Department of Mental Health and Substance Services and the Office of Planning and Coordination in conducting a study of systemic transition issues, and 3) carrying out a study, which includes interviews with individuals directly involved with the

Strengthening Custody and Transition Services Advisory Team pilot projects, as well as other individuals with Continuum of Care, Oklahoma Department of Human Services, juvenile judges, and volunteer leaders interested in transitional housing development.

The measure to recommend the creation of a Systemic Issues Sub Committee and the findings of the systemic issues study will be reviewed by the Advisory Team in the first fiscal quarter of 2013 for approval.

- 5. Continue to approve and advise the technical assistance provided to Jackson County by the Office of Planning and Coordination, including:
 - a. Assisting Jackson County with an evaluation process of the Jackson County and Community-Based Transition Pilot Project, and
 - b. Providing staff support to the Jackson County Community-Based Initiatives Committee and its subcommittees.

The Office of Planning and Coordination staff continues to provide support and funding (see FY 2013-FY 2016 Oklahoma State Plan for Services to Children and Youth Budget, Appendix A) for the Jackson County Community-Based Initiatives Committee in accomplishing its objectives to strengthen communitybased transition services to youth. FY 2013. the Committee continued implementation of its transition program and

accomplished the following objectives: 1) opening an additional four units of housing for a total of eight beds, 2) implementation of a mentoring program through with partnership Southwestern Youth Services, Inc., South Western Oklahoma Development Authority (SWODA), Altus Air Force Base, and the Office of Planning Coordination, 3) continued and of both implementation case management services, through a partnership with Systems of Care and Southwestern Youth Services. Inc., and employment counseling provided to youth living in the transitional housing.

Also, in FY 2013, Southwestern Youth Services Inc. (SWYS) secured a grant from Continuum of Care, in the amount of \$100,000, to support the implementation of the Jackson Community-Based County Transition Initiative. In addition, SWYS. which administers transition program for the Jackson Community-Based County Transition Initiative, requested a self-study of their agency. The selfstudy will be conducted by the Office of Planning and Coordination, to strengthen the agency's long-term capacity for sustaining the transition program, and other youth services The self-study programs. underway and will be completed by the end of July 2013.

6. Continue to approve and advise the technical assistance provided to the Pilot Community-Based Transition Project in Payne County by the Office of Planning and Coordination, including:

- a. Assisting Payne County with an evaluation process of the Payne County Transition Initiative, and
- b. Providing staff support to the Payne County Transition Initiative and its subcommittees.

Technical assistance through the Office of Planning and Coordination and Dr. Randy Barnett continues to be provided to the Lions Boys Ranch to assist the facility implement recommendations aimed strengthening transition services to custody youth. Subsequent to the self-study of the Lions Boys Ranch, the Office of Planning staff Coordination assisted organization in establishing a Payne County Transition Initiative. partnership with Payne County Youth Services. The goal of the project is to offer comprehensive transition services. including housing. case management, employment education and opportunities, and mentoring to vouth in transition, ages 18-23.

Pavne County Transition Initiative, which is developing and overseeing the transition services, established specific objectives, a timetable, and a budget for the development of the transition services. The Office of Planning and Coordination has provided both direct staff support and \$5,000.00 in funding for the coordination of the Payne County Transition Initiative transition services. Also, in FY 2013, the Payne County Transition Initiative partners have received two Sarkey's grants for funding of the initiative objectives in

developing transition services. Also, development of case management services for youth in transition is underway and will serve youth transitioning out of custody from Lions Boys Ranch, other facilities, and homeless youth. In addition to receiving grants and developing case management services, the Payne County Transition Initiative is also working on other funding sources and has secured a commitment from Habitat for Humanity for assistance with funding a four unit housing facility in Payne County. Also, the Office of Planning and Coordination staff also assisted the Payne County Transition Initiative with developing a partnership with the Continuum of Care Emergency Housing Network to prepare for a grant application. If funded by Continuum of Care, the Payne County Transition Initiative will receive money for transitional housing and other transitional support programs. Finally, in FY 2013, the Office of Planning and Coordination staff assisted the Payne County Transition Initiative in developing a strategy for raising private, local funds, which included the creation of a fundraising team under the Payne County Transition Initiative.

II. THE OKLAHOMA CHILD WELFARE STATE STAKEHOLDER COLLABORATIVE WILL:

The following are objectives set by the Oklahoma Child Welfare State Stakeholder Collaborative to strengthen custody services to children and youth over the next four years:

1. Create a Local Program Improvement Plan (PIP) Advisory Team to oversee the effort to improve child welfare services and services array in their respective local community

In 2012, the Office of Planning and Coordination (P&C) staff, in partnership with Oklahoma Department of Human Services (OKDHS) staff, assisted leaders in establishing Shawnee Pottawatomie County Child Welfare Collaborative. The Collaborative serves as a Local Improvement Plan Advisory Team and the purpose of the group is to improve child welfare services and the child welfare services arrav in Pottawatomie County. The Collaborative is chaired by Judge John Gardner and staff support is provided by P&C. The Pottawatomie County Child Welfare Collaborative is the first pilot site of the Oklahoma Child Welfare State Stakeholder Collaborative, aimed at strengthening local services.

2. Conduct self-studies of local OKDHS child welfare services and services array

The first order of business of the Pottawatomie County Child Welfare Collaborative was to conduct a self-study of the Pottawatomie County child welfare system. The Collaborative requested the assistance of both P&C and OKDHS in conducting the study. A copy of the study is available through the Office of Planning and Coordination.

3. Develop recommendations to the Local PIP Advisory Teams on plans of action in response to the self-study results

The Office of Planning and Coordination facilitated the Pottawatomie County child welfare system self-study process. in partnership with OKDHS. In addition, P&C staff compiled the results and assisted the Pottawatomie County Child Welfare Collaborative develop recommendations to address issues identified in the self-study. The study findings and a draft of proposed recommendations were submitted by P&C staff to the Collaborative on January 11, 2013 (See Appendix D). While tentative recommendations have been approved for action by the Pottawatomie County Child Welfare Collaborative, staff continues to assist the group develop a more detailed plan of action by coordinating task forces established under the Collaborative, including the Pottawatomie County Family Support Services Task Force. Pottawatomie County Family Support Services Task Force was established on May 7, 2013 for the purposes of developing specific goals and objectives to achieve many of the recommendations of the Pottawatomie County Child Welfare Collaborative.

4. Assist the local Program Improvement Plan (PIP) teams and child welfare with the implementation of the approved plans of action to improve services

While the Pottawatomie County Child Welfare Collaborative, which is the only local PIP team to date, is still in a planning phase, some high priority areas of need have already been identified. P&C staff has assisted with the implementation of several objectives in the Pottawatomie County Collaborative study recommendations, including: 1) facilitating meetings with

OKDHS. Eastern Oklahoma Youth Services, and NorthCare to address problems within the Comprehensive Home-Based Services (CHBS) program, develop strategies for strengthening the program, and developing a relationship with a potential, new CHBS provider for Pottawatomie County; 2) developing a funding partnership with the Avedis Foundation and United Way through facilitating meetings with Collaborative leadership to explore funding options and developing a proposal for funding request to be submitted to Avedis: and, 3) assisting the Family Support Services Task Force with a classification of evidence-based parenting programs available Pottawatomie County to identify gaps in services.

5. Make regular reports to the OCCY Board on local self -study updates; best practices recommendations; and identification of statewide systemic issues within the child protective service system

The Office of Planning and Coordination makes a written and verbal report at each OCCY Board meeting which includes updates on the progress of the Oklahoma Child Welfare Collaborative initiatives. In 2013, staff also began making best practice recommendations in some areas, such as in the area of strengthening parenting, Pottawatomie County Family Support Services Task Force. After the expansion of the local PIP advisory teams across the state, the Office of Planning and Coordination will assist the Oklahoma Child Welfare Collaborative in identifying systemic issues within the child protective service system.

6. Develop strategies to address identified statewide systemic issues within the child protective service system

As the development of local PIP teams is still in the early planning and

development phase, major systemic issues within the child protective services system have not yet been identified. Systemic issues will begin to be identified in the final phase of the implementation of the FY 2013 - FY 2016 Oklahoma State Plan for Services to Children and Youth.

GOAL 2 EXPAND PROMISING PRACTICES STRATEGIES THAT STRENGTHEN PARENTING

I. PROVIDE STAFF SUPPORT, THROUGH THE OFFICE OF PLANNING AND COORDINATION (P&C), TO THE STATEWIDE PROMISING PRACTICES TEAM (PPT) OF THE OKLAHOMA CENTER FOR COMMUNITY BASED INITIATIVES IN CONDUCTING A **STATEWIDE ASSESSMENT OF** PROMISING PRACTICES AIMED AT **STRENGTHENING** PARENTING, **REVIEW INCLUDING** 0F LITERATURE **AND PROGRAM EVALUATIONS**

In FY 2013, the Oklahoma Center for Community Based Initiatives, of the Office of Planning and Coordination (P&C), established the Oklahoma Statewide Promising Practices Team. The Team is chaired by Dr. Laura McGuinn of the Child Study Center and staffed jointly by the P&C and the Center to coordinate the Team meetings and the work of the Team. Also during FY 2013, with assistance from Center staff, the Team conducted a review of literature of evidence-based parenting programs, with an emphasis on programs being implemented in Oklahoma (see Appendix C).

Through the review of literature, the Team has identified and classified the parenting programs currently being conducted in Oklahoma into domains of evidence-based benefit areas of parental training, including: 1) child health, 2) prevention of child maltreatment, 3) child development and school readiness, 4) maternal health, 5) improved parenting practices, 6) family economic security, 7) prevention of violence and delinquency, and 8) service linkages.

In addition, information on each program includes program staffing requirements, available training and technical assistance resources, program costs, facility requirements, program intensity and duration. This information will be used by the Team to assist communities and agencies develop, deliver, and strengthen evidence-based parenting programs across the state.

П. ASSIST THE PPT, THROUGH P&C, WITH REVIEWING COMMUNITY AND **FACILITY REQUESTS FOR ASSISTANCE IN** IMPLEMENTING PROMISING PRACTICES RECOMMENDED BY THE PPT AND PROVIDING TECHNICAL ASSISTANCE TO NO LESS THAN TWO COMMUNITIES AND LEAST ONE **FACILITY IMPLEMENTING** A RECOMMENDED PROMISING PRACTICE (THE CHILDREN OF INCARCERATED PARENTS TASK FORCE REQUESTED THE PPT ASSIST AT LEAST ONE **FACILITY** WITH **IMPLEMENTING** STRATEGY TO Α STRENGTHEN **PARENTING** FOR INCARCERATED INDIVIDUALS)

Because the newly created Team was still in the planning phase in FY 2013, the Team was not ready to begin assisting communities with developing implementing programs. However, two communities, Pottawatomie County and Payne County, have made requests to Oklahoma Center for Community Based Initiatives staff to receive assistance through the Team. The two communities' interests in receiving assistance through the Team is based on community studies. conducted by the Office of Planning and Coordination, which demonstrate broad community interests in strengthening parenting programs. In Payne County, a more specific study of parenting needs will be conducted by the staff, in partnership with the Payne County Health Department, and will begin in the summer of 2013. Based on the study results, the Payne County Early Childhood Council will request support assistance from the Team in the development of an evidence-based strategy to address needs identified in the study. Similarly, Pottawatomie County Child Welfare Collaborative community study findings led the Collaborative to establish a Family Support Subcommittee in FY 2013, which will recommend a plan for strengthening parenting and will also request support and assistance from the Team.

The Oklahoma Statewide Promising Practices Team will begin reviewing and approving requests for assistance in FY 2014.

III. DEVELOP FUNDING AND RESOURCES
TO EXPAND RECOMMENDED
PROMISING PRACTICES THROUGH
THE STATEWIDE PROMISING
PRACTICES TEAM AND THE OFFICE
OF PLANNING AND COORDINATION

The Office of Planning and Coordination allocated \$5,000.00 in funding to the Team. Because FY 2013 was a planning year for the Team, the funding was not The Office of Planning and utilized. Coordination (P&C) has requested a total of \$25,000.00 in funding for the Team to communities in developing. implementing, and evaluating promising or evidence-based parenting programs. In addition, P&C staff will also be assisting communities, which are approved to receive assistance through the Team, raise funding locally to support parenting programs.

IV. DEVELOP A PLAN TO EXPAND PROMISING PRACTICES STATEWIDE THROUGH THE STATEWIDE PROMISING PRACTICES TEAM AND THE OFFICE OF PLANNING AND COORDINATION STEERING COMMITTEE

The Oklahoma Center for Community Based Initiatives staff will be assisting the Team develop a long term strategy for expanding promising parenting practices statewide during the FY 2013-2016 time period. After a plan is developed and approved by the Team, the plan will be presented to the Office of Planning and Coordination Steering Committee for formal approval.

V. **PROVIDE** PUBLIC AWARENESS **COMMUNITY** INFORMATION TO PARTNERSHIP BOARDS IN REGARDS TO SAFE SLEEP AND INFANT MORTALITY ISSUES THROUGH THE **OFFICE** 0F **PLANNING** COORDINATION (CHILD DEATH Review **BOARD** RECOMMENDATION)

The Office of Planning and Coordination and the Child Death Review Board (CDRB) staff have partnered to develop a plan to provide public awareness on infant mortality issues and safe sleep information to communities across the state. The plan developed in FY 2013

included CDRB staff creating county specific data on child/infant sleep related deaths and P&C staff presenting the information to the forty-seven Community Partnership Boards across the state. The implementation of this plan will begin in FY 2014.

IV. CONDUCT AN ANNUAL REVIEW OF THE COMMUNITY BASED CHILD ABUSE PREVENTION GRANT PROGRAM EVALUATIONS AND/OR UPDATES IN CONJUNCTION WITH THE OFFICE OF CHILD ABUSE PREVENTION

In 2012, the Office of Child Abuse Prevention staff and Office of Planning and Coordination staffed developed a strategy for increasing awareness about the effectiveness of Community Based Child Abuse Prevention Grant Programs. The annual review of the process will include a presentation of program evaluations to the Office of Planning and Coordination Steering Committee beginning in FY 2014.

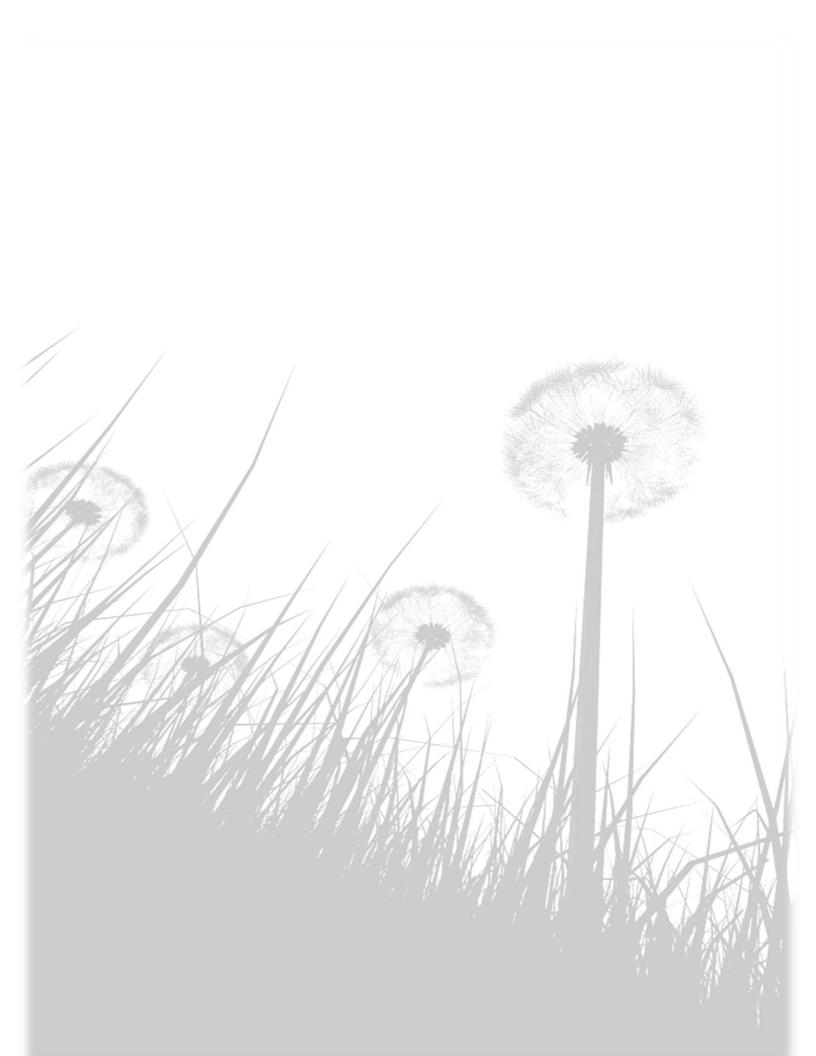
APPENDIX A





FY 2013 - FY 2016 Oklahoma State Plan for Services to Children and Youth Budget

ACTIVITY DESCRIPTION	FUNDING ENTITY	FUNDING AMOUNT
GOAL 1: Strengthen Custody and	Transition Services	
Contract with SWOSU for Team Leader and Evaluation Services for the Self Study and Program Improvement Custody and Transition Pilot Projects at COJC, Lions Boys Ranch, and at least one to two additional, undetermined facilities	Oklahoma Commission on Children and Youth	\$160,000
Contract with Southwestern Youth Services for Coordination Services for the Jackson County Transition Team Project	Oklahoma Commission on Children and Youth	\$18,000
Contract with Lions Boys Ranch for Coordination Services for the Payne County Transition Team Project	Oklahoma Commission on Children and Youth	\$20,000
Rehabilitation Services Outreach Staff Support	Office of Juvenile Affairs Oklahoma Department of Rehabilitation	\$100,000 \$320,152.16
Child Welfare Service and Service Array Staff Support	Services Oklahoma Department of Human Services	Matching Full Time Employee
GOAL 2: Expand Promising Practices Strate	gies that Strengthen Pa	arenting
Request research and recommendation from the Oklahoma Center for Community Based Initiatives' Promising Practices Team	Oklahoma Commission on Children and Youth	\$5,000
Possible community demonstration or promise practice/research-based strategies expansion	Oklahoma Commission on Children and Youth	\$20,000
Total Funding		\$643,152.16



APPENDIX B





OKLAHOMA COMMISSION ON CHILDREN AND YOUTH Office of Planning and Coordination

FY2013 Community Partnership Board Systemic Issues Follow-Up Survey Summary

In order to develop the FY2013 – FY2016 Oklahoma State Plan for Services to Children and Youth, the Office of Planning and Coordination requests feedback from Community Partnership Boards (§10-601.9).

In the FY2012 Systemic Issues Survey, communities and affected entities identified the following Systemic Issues as priorities:

- 1. Deficiencies in custody services which support successful re-integration, transitioning, and reduction of recidivism provided to youth in custody,
- 2. Barriers to healthcare services that impede access and utilization of primary and preventative care services, which include behavioral health services; and
- 3. A lack of promising practices strategies that strengthen parenting.

In FY2013, feedback was gathered through a Systemic Issues Follow-up Survey process (see Appendix A) to assess if the previously identified systemic issues are still considered a priority and to identify other possible systemic issues. Of the 48 Community Partnership Boards (see Appendix B), 35 boards (72.9%) participated in the FY2013 Systemic Issues Follow-Up Survey.

Systemic Issue 1: Deficiencies in custody services which support successful re-integration, transitioning, and reduction of recidivism provided to youth in custody.

Of the 35 participating Community Partnership Boards, 31.4% saw no change and 28.6% reported the issue had worsened due to the following:

- Lack of providers and services
- Lack of foster care homes
- Limited resources with regards to funding, housing and employment
- Lack of or closing of shelters

Boards that reported some improvement (22.9%) shared there was an increase in services being provided through Systems of Care or anticipated an increase due to Systems of Care expansion.

The following is a summary of those responses.

Deficiencies in custody services which support successful re-integration, transitioning, and reduction of recidivism provided to youth in custody Total number of responses: 35		
Responses	Number of Responses	Percent of Responses
No Change	11	31.4%
Worsened	10	28.6%
Some Improvement	8	22.9%
Unknown	6	17.1%
Significant Improvement	0	0%

Systemic Issue 2: Barriers to healthcare services that impede access and utilization of primary and preventative care services, including behavioral health services.

Of the Community Partnership Boards who participated, 42.9% saw some improvement. Many reported that services through Systems of Care, Indian Health Clinics and Federally Qualified Health Centers have helped to bridge the gap. In addition, increase in physicians, improvements in transportation services, providers accepting Medicaid, and an increase in SoonerCare enrollment has made an impact.

In spite of this improvement, 28.6% of Boards reported the systemic issue had worsened due to a lack of transportation, lack of services, accessibility to those services and a limited number of providers accepting SoonerCare, Medicaid or Medicare.

The following is a summary of those responses.

Barriers to Healthcare Services that impede access and utilization of primary and preventative care services, including behavioral health services Total number of responses: 35		
Response	Number of Responses	Percent of Responses
No Change	10	28.6%
Worsened	10	28.6%
Some Improvement	15	42.9%
Unknown	0	0%
Significant Improvement 0 0%		

Systemic Issue 3: A lack of promising parenting strategies that strengthen parenting.

Of the 35 participating Community Partnership Boards, 42.9% reported the availability of *promising practices that strengthened parenting* in their community had worsened due to the following:

- Lack of free or low cost programs
- Lack of parent engagement or inability to access services

- Loss of parenting programs due to funding and staff
- Loss of Child Guidance Centers

Of the 35 boards that participated, 9 Boards reported some improvement due to services being provided through Systems of Care, County Health Departments and Department of Human Services. Boards that reported no change felt there were adequate programs available in their community but were not being utilized or accessed.

The following is a summary of those responses.

A lack of promising practices strategies that strengthen parenting Total number of responses: 35		
Response	Number of Responses	Percent of Responses
No Change	10	28.6%
Worsened	15	42.9%
Some Improvement	9	25.7%
Unknown	0	0%
Significant Improvement	1	2.9%

Other Systemic Issues facing Communities

Community Partnership Boards were also asked to identify one other systemic issue their community is facing.

The following is a summary of those responses.

Other Systemic Issues Facing Communities Total number of responses: 26		
Systemic Issue	Number of Responses	Percent of Responses
Substance Abuse	13	50%
Teen pregnancy	4	15.4%
Unemployment, Poverty, lack of economic development	3	11.5%
Availability of resources, need for seed money for new projects	2	7.7%
Quality child care, access to early education programs	2	7.7%
Gangs	1	3.8%
Professional development on resources for education counselors	1	3.8%

FY 2013 Systemic Issues Follow-up Survey

Board name:	ne: County(ies) represented:		
Chair Name:		Chair Signature:	
1 Date the following systemic issue	io in vous lo	and community by shocking the best vernence.	
	ie in your iod	cal community by checking the best response:	
SYSTEMIC ISSUE 1:	: al		
reduction of recidivism.	ucn support s	successful reintegration, transition and	
□ Worsened	□ No chang	ge Some improvement	
☐ Significant improvement	□ Unknow	,	
Rationale/Explanation for your ra		.1	
	···		
SYSTEMIC ISSUE 2:			
	it imnede acc	ess and utilization of primary and preventative	
care services, including behavioral			
□ Worsened	□ No chang		
☐ Significant improvement	□ Unknow	, <u>.</u>	
Rationale/Explanation for your ra		•	
SYSTEMIC ISSUE 3:			
A lack of promising practices strate	egies that str	rengthen parenting.	
□ Worsened	□ No chang		
□ Significant improvement	□ Unknowi	1	
Rationale/Explanation for your ra	nting:		
OPTIONAL			
2. Please list one other systemic issue voted on by your coalition that your community is			
facing.			
Systemic Issue:			
Rationale/Explanation			

Participating Community Partnership Boards

Of the 48 Community Partnership Boards, 35 participated in the FY2013 Systemic Issues Survey. The following is a list of those boards and the counties they serve.

Community Partnership Board	Counties Covered
SW WIB Youth Council	Beckham, Custer, Greer, Harmon,
	Jackson, Kiowa, Roger Mills and
	Washita
Blaine County Community Action Team	Blaine
Caddo County Interagency Coalition	Caddo
Lawton Fort-Sill Community Coalition	Comanche
Creek County Community Partnership	Creek
Delaware County Community Partnership	Delaware
Youth Opportunity Taskforce	Garfield
Harper County Turning Point	Harper
Haskell County Coalition	Haskell
Tishomingo Development Team	Johnston
Kay County Early Childhood Planning Council	Kay
Kingfisher Community Collaborative	Kingfisher
Kiowa County Coalition	Kiowa
Living in Latimer Coalition	Latimer
LeFlore County Coalition for Healthy Living, Inc.	LeFlore
Lincoln County Coalition	Lincoln
Logan County Partnership	Logan
Major County Sooner Success/OCCY Community	Major
Partnership	
Community Alliance of Resources for Everyone	McClain
McIntosh County Coalition	McIntosh
Nowata Resource Council	Nowata
Okfuskee County OCCY/Turning Point Partnership	Okfuskee
Okmulgee County Resource Coalition	Okmulgee
Osage County Community Partnership Board	Osage
Partners for Ottawa County Youth, Inc.	Ottawa
Smart Start North Central Oklahoma	Payne, Pawnee, Noble and Lincoln
Pittsburg County Local Service Coalition	Pittsburg
Pontotoc County Turning Point/Systems of Care	Pontotoc
Coalition	
Pottawatomie County Coalition for Youth Advocacy	Pottawatomie
and Resources	
Rogers County Coalition	Rogers
Texas County Coalition	Texas
Tillman County Youth & Community Coalition	Tillman
Wagoner Family Service Council	Wagoner
Washington County Association for Mental Health	Washington
Woodward Area Coalition	Woodward

APPENDIX C



EVIDENCE-BASED PRACTICE

DEFINITION

The Institute of Medicine defines "Evidence-Based Practice" as a combination of the following three factors: (1) best research evidence (2) best clinical experience (3) consistent with patient values, the California Evidence-Based Clearinghouse for Child Welfare has adopted this definition with one modification (4) consistent with family/client values.

CLASSIFICATION OF EVIDENCE-BASED PARENTING PROGRAMS

- Center-based; Individual and Family
 - Healthy Steps
 - o Parent-Child Interaction Therapy (PCIT)
- Center-based; Group
 - o Incredible Years
 - Circle of Parents (evidence informed)
 - o Early HeadStart
 - o Family Expectations
- Home Visiting
 - o Parents as Teachers
 - Children First
 - o Start Right, Healthy Families of America
 - Healthy Start
 - SafeCare

Sources:

California Evidence-Based Clearinghouse for Child Welfare Home Visiting Evidence of Effectiveness (HomVee) Oklahoma Child Abuse Prevention Network

EVIDENCE-BASED PARENTING PROGRAMS

CIRCLE OF PARENTS

Description: Circle of Parents is a national network of statewide non-profit organizations and parent leaders that are dedicated to using the mutual self-help support group model as a means of preventing child abuse and neglect, and strengthening families. Circle of Parents offers anyone in a parenting role the opportunity to participate in weekly group meetings with other parents to exchange ideas, share information, develop and practice new parenting skills, learn about community resources, and give and receive support. Groups are parent led, with the support of a trained group facilitator, are conducted in a confidential and non-judgmental manner, and provide developmentally appropriate children's programs or childcare concurrent with the group meetings. Developing leadership on the individual, family, community, and societal levels, as is desired by parent participants is the central theme of the Circle of Parents model. Circle of Parents includes a homework component. Parents are expected to apply new ideas and skills at home, and report back to the group what worked, and what did not. Parents are also responsible for following up with the recommended community resources that are shared or discussed.

Population Served: Any parent or individual in a parenting role for children age 0-18 years. Children ages 2-12.

Intensity and Duration: 10-12 parents, meet weekly for 1 ½ hours, open-ended duration, unless limited by the setting (such as schools, 9 months etc.).

Provider Qualifications: Support group facilitators must have previous experience working with parents and families and, group facilitation skills. Minimum education requirements consist of a Bachelor's degree, plus two years work experience. Facilitators are required to receive program screening and training and adhere to the mission, principles, key elements and network standards as presented in the Facilitator Manual. Parents who become facilitators should have demonstrated leadership experience in a program support group. Parent leaders may receive a stipend from the sponsoring organization.

<u>Facility Requirements:</u> For the parent support group sessions, a safe, consistent and private meeting location to maintain participant confidentiality. For the children's program, a safe and separate space is needed.

Training Resources: National office in Washington State; local trainers available.

Financing: Oklahoma State Health Department.

Counties Served: Adair, Cherokee, Cleveland, Kay, McCurtain, Wagoner, Washington.

START RIGHT, HEALTHY FAMILIES OF AMERICA

Brief Description: Start Right provides four basic individual and community services: home visitation, center-based services, assessments and referrals, two annual Family Support events. The Start Right programs teach positive parenting skills, and connect families with resources helping to reduce the risk of child abuse and neglect by providing home visitation and/or center-based services. Healthy Families of America (HFA) has evidence of favorable impacts in child development and school readiness; child health; maternal health; reductions in child mistreatment; positive parenting practices; family economic self-sufficiency; linkages and referrals; and reduction in juvenile delinquency, family violence and crime.

Population Served: First-time mothers after the 29th week of pregnancy, pregnant women expecting a second, or subsequent child, and/or parents who have a baby less than one year of age. Families are served up to the child's 6th birthday.

<u>Intensity and Duration:</u> HFA sites offer at least one home visit per week for the first six months after the child's birth. After the first six months, visits might be less frequent. Visit frequency is determined by the families' needs. Typically, home visits last a minimum of one hour. HFA programs begin to provide services prenatally, or at birth, and continue through the first three to five years of life. Each local program determines the length of the program.

Provider Qualifications: The HFA National office does not require the direct service staff to meet specific educational requirements, rather it recommends that the staff have experience working with families having multiple needs. In addition, it recommends selecting staff based on their personal characteristics, including an ability to establish trusting relationships, acceptance of individual differences, their experience working with culturally diverse communities, their knowledge of infant and child development, and their ability to maintain boundaries between personal and professional life.

<u>Training Resources:</u> Healthy Families of America national office; Oklahoma State Health Department, local trainers.

Provider/Financing: Estimated cost per family per year is \$3214 to \$3862. Oklahoma State Health Department is a provider of HFA services.

Counties Served: 40 Oklahoma counties.

HEALTHY STEPS (Individual/Family Center-based)

Brief Description: Healthy Steps is an initiative that emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual growth and development of children from birth to age 3. Each Healthy Steps team includes a pediatric or family medicine clinician and a Healthy Steps specialist, who enhances the information available to parents through the medical practice or the community. Healthy Steps has evidence of positive impacts in improving

child health and positive parenting practices. Families who have participated in Healthy Steps programs are more likely than non-participating families to receive regular developmental screenings, use positive health practices, and use more positive and less harsh discipline strategies, among other benefits.

Population Served: Parents and children ages birth to 3. Healthy Steps can be implemented by any family medicine or pediatric practice.

Intensity and Duration: Services provided include; (1) home visits offered as soon as possible after a newborn is discharged from the hospital and at key developmental stages over the three years of the program; (2) well-child visits with a clinician and a Healthy Steps specialist; (3) child development and family health checkups (including formal developmental screens); (4) a child development telephone information line; (5) referrals for children (such as speech or hearing specialists) and parents (such as maternal depression counseling); (6) age-appropriate books for children through REACH OUT AND READ; (7) written materials for parents on topics such as toilet training, discipline, and nutrition.

<u>Provider Qualifications:</u> Pediatric or family medicine physician; child development specialist.

Facility Requirements: Based in pediatric or family medicine practice.

<u>Training Resources:</u> Healthy Steps National office and training team, Boston University School of Medicine, Department of Pediatrics.

Program Costs and Financing: Average cost per family per year ranges from \$290.27 (low intensity program with two home visits, one at birth to one month and one at 9 to 12 months); to \$412.95 (high intensity program with five visits at birth to one month, 9-12 months, 18 months, 24 months, and 30 months. Affordable Care Act sources; physician and private resources.

Counties Served: Payne County.

THE INCREDIBLE YEARS

Brief Description: The Incredible Years is a series of three separate, multifaceted, and developmentally-based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention for high-risk populations. The Incredible Years has evidence of favorable impacts on positive parenting practices; prevention of child abuse and neglect (secondary); and treatment of disruptive behavior in children.

Population Served: Parents, teachers and children ages 4-8.

<u>Intensity and Duration:</u> *Parents:* groups of 12-16; 12 weeks; 2 hours per session. *Children*: groups of 6; 45 to 60 sessions offered in circle time; 2-3 times per week in a classroom setting.

Provider Qualifications: Master's level or equivalent clinicians; co-leaders required for parent groups.

Facility Requirements: Community agency, outpatient clinic, school.

Training Resources: Training available through national center based in Seattle, WA.

Provider/Sources of funding: Provider is Oklahoma State Department of Health, Child Guidance.

Counties Served: Tulsa, Oklahoma and Cleveland.

SAFECARE

<u>Brief description:</u> SafeCare is an eco-behavioral home visitation model that addresses parent-child bonding, home safety and cleanliness, and child health. SafeCare is an enhanced version which includes problem solving, motivational interviewing, conflict resolution skills, healthy relationships curriculum, behavior activation to address depression and safety planning. One-on-one services are provided within a family's natural environment. SafeCare is designed to prevent child maltreatment in high-risk families. SafeCare (augmented) has evidence of effectiveness of reduction of child mistreatment and linkages and referrals.

<u>Population Served:</u> Families with children 0-18 years of age, with at least one child under the age of 6 years, and who do not have a history of more than two prior child abuse or neglect referrals or have an open child welfare case. Client families have at least one of the following conditions: an active substance abuse disorder; a history of domestic violence; a mental health diagnosis; a physical or developmental disability resulting in impaired parenting; or a combination of any of the above.

Intensity and Duration: Weekly sessions of approximately 1.5 hours each for 18-20 weeks.

<u>Provider Qualifications:</u> Experience suggests at least a college education. The most important issue is that staff be trained to performance criteria. The program requires a home visitor and a coach.

<u>Training Resources:</u> Provided on-site by certified trainers; University of Oklahoma Health Sciences Center has leadership role in development and evaluation of Oklahoma County program; SafeCare/UCCED Centers; Georgia State University Center for Healthy Development.

Financing: State appropriation; Children's Bureau, U.S. Department of Health and Human Services.

Counties Served: Oklahoma County.

PARENT-CHILD INTERACTION THERAPY (PCIT)

Brief Description: PCIT was developed for families with young children experiencing behavioral and emotional problems. Therapists coach parents during interactions with their child to teach new parenting skills. These skills are designed to strengthen the parent-child bond; decrease harsh and ineffective discipline/control tactics; improve child social skills and cooperation; and reduce child negative or maladaptive behaviors. PCIT is a treatment for disruptive behavior in children and is recommended treatment for physically abusive parents.

Population Served: Children ages 3-6 with behavioral and parent-child relationship problems. May be conducted with parents, foster parents or other caretakers. Adaptation available for physically abusive parents with children ages 4-12.

<u>Intensity and Duration:</u> *Intensity*: 1 or 2 one-hour sessions per week. *Duration*: the average number of sessions is 14, but varies from 10 to 20 sessions. Treatment continues until the parent masters the interaction skills to a preset criteria and the child's behavior has improved to within normal limits.

Provider Qualifications: Graduate clinical training, the equivalent of a Master's Degree and licensure as a mental health provider is required. In addition, 35-40 hours of intensive skills training, plus completion of four supervised cases prior to independent practice.

Facility Requirements: Two connected rooms with a one-way mirror on the adjoining wall (one room for the client, the other room for the coach). A wireless communications set consisting of a headset with microphone and an ear receiver. (i.e. "bug in the ear"). A VCR and television monitor to tape record sessions for supervision, training, and research purposes.

Training Resources: OU Health Sciences Center

<u>Provider/Funding Source:</u> Oklahoma State Health Department provides services through 16 child guidance regional service centers. Private providers; Medicaid billing is a source of revenue for this program.

<u>Counties in which this service is currently available:</u> University of Oklahoma Health Sciences Center has a listing of PCIT sites.

PARENTS AS TEACHERS

Brief description: Parents as Teachers is an early childhood parent education, family support, and school readiness home visiting model. Based on theories of human ecology, empowerment, self-efficacy, and developmental parenting, it involves the training and facilitation of parent educators who work with families using a comprehensive curriculum. Parent educators work with parents to strengthen protective factors, and ensure that children are healthy, safe, and ready to learn. The four goals are: increased parent knowledge of early childhood development and improved parenting practices; provide early detection of developmental delays and health issues; prevent child abuse and neglect; and increase school readiness and success. Parents as Teachers has evidence of favorable impacts on child development and school readiness and positive parenting practices.

<u>Population Served:</u> Families with an expectant mother or parents of children up to kindergarten.

Intensity and Duration: Personal visits; home visitation is the key component of the Parents as Teachers model, with personal visits of approximately 60 minutes or less delivered weekly, every two weeks, or monthly, depending on family needs. Parent educators share research-based information and use evidence-based practices by partnering, facilitating, and reflecting with families. Parent educators use the curriculum in culturally sensitive ways to deliver services that emphasize parent-child interaction, development-centered parenting, and family well-being. Services are offered to families for a minimum of two years. Screenings; annual child health, hearing, vision, and developmental screenings. Group connections; monthly, or more frequent group connections, which parents can attend with their child for support and to share experiences. Resource network; parent educators help families identify needs, set goals, and connect with appropriate resources.

Provider Qualifications: Parent educators typically have a Bachelor's degree in early childhood education.

Training Resources: St. Louis, MO. Regional training opportunities are also available.

<u>Program Costs and Financing</u>: Average cost per family per year is \$2650 (two home visits per month; monthly group connections). Oklahoma State Department of Education; private sources.

<u>Counties Served:</u> Approximately 40 Oklahoma counties have one or more Parents as Teachers programs.

HEALTHY START

Brief Description: Healthy Start programs are focused on reducing infant mortality and related pregnancy and women's health problems in communities with high infant mortality. Services are provided for the expectant mothers through the time that their infants are 2 years of age, or through the next pregnancy. The infants are also served. The

services include case management, client advocacy, referrals to health care and other services, direct outreach from trained community members, health education to address risk factors. Healthy Start uses the Life Continuum model.

<u>Population Served:</u> Medically/socially high-risk pregnant women.

Intensity and Duration: Healthy Start home visiting programs select a curriculum that is appropriate for their service population. At a minimum, however, Health Resources and Services Administration (HRSA) requires programs to provide participants with information, materials, training, support, and/or resources on six health education topics: (1) smoking cessation programs; (2) prevention, early identification, testing, and treatment for HIV and STDs; (3) preterm labor (4) back to sleep/safe sleep; (5) substance abuse prevention; (6) other priority risk behaviors emerging from an initial assessment of the participant.

<u>Provider Qualifications:</u> HRSA does not have requirements for the type of staff that programs should include. Healthy Start home visiting programs employ staff from a variety of disciplinary backgrounds, such as lay or para-professional workers, social workers, nurses, and public health professionals, to provide management and in-home services.

Provider/Financing: Oklahoma State Health Department.

Counties Served: Oklahoma and Tulsa.

CHILDREN FIRST

Brief Description: The Nurse/Family Partnership Program provides home visits by registered nurses to first-time, low income mothers, beginning during pregnancy and continuing through the child's second birthday. The program has three primary goals: (1) to improve pregnancy outcomes by promoting health-related behaviors; (2) to improve child health, development and safety by promoting competent caregiving; (3) to enhance parent life course development by promoting pregnancy planning, educational achievement, and employment. The program has two secondary goals: to enhance family's material support by providing links with needed health and social services, and to promote supportive relationships among family and friends. Children's First has evidence of favorable impacts on child development and school readiness; child health; family economic self-sufficiency; maternal health; positive parenting practices; reduction in child mistreatment; and reductions in juvenile delinquency, family violence and crime.

Population Served: First-time low income mothers, children 0-2 1/2 years of age. There is also a component that extends services to 5 years.

<u>Intensity and Duration:</u> Ideally, nurses begin 60-90 minute visits with pregnant mothers early in their pregnancy (about 16 weeks gestation). Registered nurses visit weekly for the first month after enrollment, and then every other week until the baby is born. Visits are weekly for the first six weeks after the baby is born, and then every other week through the child's first birthday. Visits continue on an every-other-week basis until the baby is 20

months old. The last four visits are monthly until the child is 2 years old. Nurses use their professional judgment, and increase or decrease the frequency and length of visits based on the clients' needs. Clients are able to participate in the program for 2 ½ years.

Professional Qualifications: Registered nurse with a Bachelor's degree in nursing, as a minimum qualification.

<u>Training Resources:</u> Denver-based program which offers orientation self-study, training provided in Denver and includes distance learning strategies.

Program Costs and Financing: Estimated cost per family per year is \$4100. Oklahoma State Health Department is the provider for this service.

Counties Served: 68 Counties served in 2011.

HEALTHY STEPS

Brief Description: Healthy Steps emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual growth and development of children from birth to age 3. Each Healthy Steps team includes a pediatric or family medicine clinician and a Healthy Steps specialist, who enhances the information available to parents through the medical practice or the community. Healthy Steps has evidence of positive impacts in improving child health and improving positive parenting practices. Families who participate are more likely than non-participating families to receive regular developmental screenings, use positive health practices, and use positive and less harsh discipline strategies, among other benefits.

Population Served: Parents and children ages birth to 3. Healthy Steps can be implemented by any family medicine or pediatric practice.

Intensity and Duration: Services provided include; (1) home visits offered after a newborn is discharged from the hospital and at key developmental stages over the three years of the program; (2) well-child visits with a clinician and a Healthy Steps specialist; (3) child development and family health checkups (including formal developmental screens); (4) a child development telephone information line; (5) referrals for children (such as speech or hearing specialists) and parents (such as maternal depression counseling); (6) age-appropriate books for children through REACH OUT AND READ; (7) written materials for parents on topics such as toilet training, discipline, and nutrition.

Provider Qualifications: Pediatric or family medicine physician; child development specialist.

<u>Facility Requirements</u>: Based in pediatric or family medicine practice.

<u>Training Resources:</u> Healthy Steps National office and training team, Boston University School of Medicine, Department of Pediatrics.

Program Costs and Financing: Average cost per family per year ranges from \$290.27 (low intensity program with two home visits, one at birth to one month and one at 9 to 12 months); to \$412.95 (high intensity program with five visits at birth to one month, 9-12 months, 18 months, 24 months, and 30 months). Affordable Care Act sources; physician and private resources.

Counties Served: Payne County.



APPENDIX D



POTTAWATOMIE COUNTY CHILD WEFARE SYSTEM

Self-Study Preliminary Findings

January 11, 2013

In 2012, the Pottawatomie County Child Welfare Collaborative approved a measure to carry out a self-study, with assistance by the Oklahoma Commission on Children and Youth and the Oklahoma Department of Human Services, of the Pottawatomie County child welfare system. The purpose of the study was to identify strengths and weaknesses in the child welfare system so that a plan of action can be developed and implemented to improve services to children and families.

Collaborative staff and board members worked together in conducting a survey process to solicit input in how the Pottawatomie County child welfare system could be improved. The survey included the following two main components:

- A. **Key Informant Survey** The Key Informant Survey was used as a tool for developing consensus about priority needs and actions which should be taken. A wide range of leaders and service providers were given an opportunity to talk in depth about what they see as the major problems facing this community as well as their views on possible solutions. The three following questions were asked:
 - 1. What do you see as the most important needs and problems in this community?
 - 2. What do you see as the solutions to these problems?
 - 3. If we are to succeed in dealing with these problems, who should be involved?
- B. **Collateral Interviews** As we identified needs and problems, we began contacting organizations with expertise and resources which might be used in solving these problems.

A total of 26 individuals participated in the survey portion of the Self Study. The responses in the survey were categorized according to issue and tallied. The following is a summary of recommendations identified in the Self Study for improving child welfare services in Pottawatomie County.

RECOMMENDATIONS

I. <u>Improve Family Support Services, such as Behavioral Health, Substance Abuse,</u> <u>Health Care, and Quality Placement Opportunities</u> – 39 responses

According to the feedback given during the survey interviews, 39 responses were given on improvements needed in various child and family service areas. In order to address the recommendations for improving family support services, such as behavioral health, substance abuse, health care, and placement services, the Pottawatomie County Child Welfare Collaborative could:

1. Establish a Family Support Services Task Force to:

- A. Carry out a study of services needed in the areas of behavioral health, substance abuse, health care, and quality placement. The study should also include the feasibility of providing services;
- B. Based on study findings, the Task Force can then develop a plan of action for expanding and improving family support services, implement a plan of action, monitor the progress of the plan; and
- C. Give regular reports and recommendations to the Pottawatomie County Child Welfare Collaborative.

The suggestions made through the Key Informant Survey portion of the Self Study to improve family support services are as follows:

- Do a study of counseling services, what is offered and quality, especially for DHS families, and then group should develop a cooperative agreement/plan
- o Develop a drug court program for adults/parents, and service opportunities
- Need to increase outpatient counseling for drug abuse
- Need inpatient drug treatment program
- o Improve mental health and substance abuse services
- Strengthen Youth Services programs, and also to become licensed to be a child placing agency
- o Better identify at risk youth and get them services early
- Shelter services need to be expanded
- Need to increase child development specialist workforce
- Counseling is needed for children and youth that have been sexually abused, partner with Bethesda
- Need to improve awareness of services available through Gateway
- Expand drug and alcohol treatment services
- Red Rock should increase adolescent services
- o Family counseling needs to be increased by mental health providers
- Expand shelter services
- Red Rock can possibly provide and increase in mental health assessments, after assessing needs of other agencies, particularly for Department of Human Services
- Need to develop home-based mental health assessments
- Schools need Licensed Professional Counselors, as well as guidance counselors

- Need to develop a partnership between SoonerCare providers, Health Department, school-based social workers, family support, counselors, and hospitals around health needs of families
- o Work with the whole family, not just the youth
- Quality of foster care homes needs to be strengthened
- School counselors need to be more involved in the counseling needs of families and children
- More substance abuse services for children and families
- o Outstation drug and alcohol counselor at CW office, or a close proximity
- Need to establish team approach to serving children and families, including counselors, parents, students, principal, etc.

II. <u>Strengthen Parenting Programs</u> - 23 responses

- 1. Create a Parenting Team with a general mission of planning, delivering, and monitoring parenting programs in the community. Short term objectives would include:
 - A. Expand Parent-Child Interactive Therapy (PCIT)
 - B. Develop strategy for improving the effectiveness of Comprehensive Home Based Services (CHBS) services and expenditures
 - C. Expand Oklahoma Parents As Teachers Program (OPAT)
 - D. Increase utilization of Children's First Program

The suggestions made through the Key Informant Survey portion of the Self Study to improve family support services are as follows:

- Improve quality of curriculum and parenting accountability in parenting programs
- Increase PCIT services
- o Parenting programs need to be increased
- Find ways to strengthen parenting
- Need to expand and improve parenting programs
- o Need more PCIT
- o More providers of PCIT and other parenting programs
- Increase PCIT services
- o Consult with Great Expectations on family and parenting strategies
- Get PCIT program back at Gateway
- Expand parenting programs
- Require parent education for all students
- Develop a support group for parents
- Expand OPAT
- o Need PCIT
- o Improve CHBS program and management of program
- Need to increase parenting services and classes
- Increase PCIT services
- Quality of CHBS and other home-based services need to be improved

III. <u>Improve DHS Services</u> - 43 responses

According to the feedback given during the survey interviews, 43 of the responses given concerned improvements needed within the DHS organization. In order to address the recommendations for improving Child Welfare and other DHS organizational issues, the Pottawatomie County Child Welfare Collaborative could:

1. Create an internal, Pottawatomie County DHS steering team to review survey findings, develop internal strategies to address issues, and to report back to the Collaborative on progress in achieving strategies to improve services.

The suggestions made through the Key Informant Survey portion of the Self Study to improve DHS services are as follows:

- Provide better training to new DHS Child Welfare workers on shelter services, policies, and procedures
- Need a consistent, CW liaison to shelter
- Supportive DHS management is needed
- o Re-build community/DHS relationships
- Additional school based social workers
- Strengthening training of child welfare staff; need more modeling and mentoring techniques
- o Improve selection of child welfare personnel
- Need more child welfare staff aides
- State DHS office needs to improve PR, especially how Pottawatomie County issues are handled
- Recruit a DHS director that will have passion for working in Pottawatomie County
- Improve communication between child welfare and school based social worker
- Need to improve communication skills and follow up on referrals to child welfare staff
- o Every school needs a school based social worker
- Need more school based social worker
- Improved communication is needed between Family Support and child welfare
- o Strengthen/hire good DHS management and child welfare personnel
- o DHS should assign liaison to work with Youth Services
- DHS needs more flexibility for outreach, especially in building relationships with schools –need more school based social worker
- Increase clinical orientation with DHS workers in understanding mental health services
- Less autocratic child welfare system

- Child welfare needs more flexibility in schedule to consult with support service providers. DHS needs to inform mental health providers as to what kinds of mental health assessments are needed for families
- o Discord between DHS units needs to be resolved
- Detail additional workers from state office to DHS to help
- Need to recruit a good director
- Child welfare Hotline feedback needs to occur faster
- o Increase school based social worker, at least 2 more

IV. Poverty and Economic Improvement - 18 responses

Many comments were made during the interview concerning the high level of poverty in Pottawatomie and Lincoln Counties. Poverty issues can be dealt with in the other task forces. The suggestions made through the Key Informant Survey portion of the Self Study to address issues of poor socio-economic conditions are as follows:

- o Provide outreach services to high poverty, rural areas
- More strategies are needed to prevent High School drop-out, such as GED and diploma programs
- o Legal action is needed to enforce completion of education
- Create higher wage opportunities for parents
- Need transitional living / housing services
- Expand CPN Transportation System

V. <u>Improve Collaboration Among Community Organizations</u> – 18 responses

Two types of collaboration are needed: board community planning and case staffing collaboration. In order to achieve both broad community planning and case staffing, infrastructure and staff support is both needed to support these functions. Pottawatomie County can fulfill planning and staffing functions both through:

1. The Collaborative serving as the board community planning body, and

2. HUDDLE, MDT, or JBC serving as a case staffing group.

Collaborative staff could also assist HUDDLE with carrying out the case staffing function if the recommendation is approved.

The suggestions made through the Key Informant Survey portion of the Self Study to improve collaboration among community organizations are as follows:

- Find a way to improve collaboration among providers, including schools and DHS; need team meetings to staff cases
- Figure out ways to pay for services to serve youth that are at risk so they do not fall through the cracks
- o Increase wraparound services for difficult cases
- o Improve communication with DHS

- Child welfare system in community needs: leadership, organization, to set goals, eliminate barriers, and make decisions
- o Joint training between DHS and law enforcement; especially in areas of evidence collection
- o Need cross training between child welfare and law enforcement
- Law enforcement and child welfare staff need to collaborate more; do joint training
- o Need educators, like college leaders, involved in improving services
- Need to improve coordination among agencies
- Schools need a direct connection with child welfare staff
- Need to expand Health Department services through developing partnerships
- o Expand and sustain 21st Century After-School Program
- Create team between child welfare, schools, mental health providers, and others to serve children and youth
- o Improve collaboration with DHS
- o Huddle meetings need to have priorities on agenda
- o Increase collaboration among providers
- o Tribal services need to be utilized more and expanded
- Court Appointed Special Advocate (CASA) needs improved management, workers and volunteers
- o Formalize IBC monthly meetings with judge's leadership
- o Expand collaboration efforts with housing, transportation, medical community, etc.



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